



EXPRESS MAIL NO. EV741776946US

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number 484112.408D1
FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818.))		
Application Number 09/938,406	Filed August 21, 2001	
For PROTEIN AND PEPTIDE VACCINES FOR INDUCING MUCOSAL IMMUNITY		
Art Unit 1648	Examiner Zachariah Lucas	
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p>		
	Fee	Small Entity Fee
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> A check including the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required or credit any overpayment, to Deposit Account Number <u>19-1090</u>. I have enclosed a duplicate copy of this sheet.</p>		
<p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p>		
<p>I am the <input type="checkbox"/> applicant/inventor.</p>		
<p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p>		
<p><input checked="" type="checkbox"/> attorney or agent of record. Registration No. <u>48,903</u></p>		
<p><input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____</p>		
 Signature		February 24, 2006
Mae Joanne Rosok Typed or printed name		Date 206-622-4900 Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.		

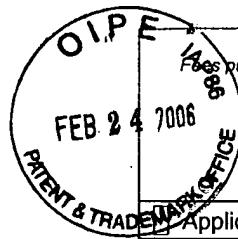
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEET TRANSMITTAL for FY 2006

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** **(\$1530)** **Attorney Docket No.** **484112.408D1**

#### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC  
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, **except for the filing fee**  
 Charge any additional fee(s) or underpayments  Charge any underpayments or credit any overpayments  
of fee(s) under 37 CFR 1.16 and 1.17

**Warning:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

#### FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

##### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity		Small Entity		Small Entity		
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>				
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Provisional	200	100	0	0	0	0	_____

##### 2. EXCESS CLAIM FEES

<u>Fee Description</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>
Each claim over 20 (including Reissues)		50		25
Each independent claim over 3 (including Reissues)		200		100
Multiple dependent claims		360		180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
<u>23</u>	<u>18=</u>	<u>3</u>	<u>X</u>	<u>50</u> = <u>150</u>

HP = highest number of total claims paid for, if greater than 20 360 360

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
<u>1</u>	<u>-3 or HP =</u>	<u>0</u>	<u>X</u>

HP = highest number of independent claims paid for, if greater than 3

##### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)) the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
<u>-100 =</u>	<u>/50 =</u>	<u>(round up to a whole number)</u>	<u>X</u>	<u>_____</u>

##### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition for 3-month Extension of Time

1020

#### SUBMITTED BY

Signature	<u>Mae Joanne Rosok</u>	Registration No. (Attorney/Agent)	48,903	Telephone	206-622-4900
Name (Print/Type)	<u>Mae Joanne Rosok</u>			Date	February 24, 2006